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ABSTRACT

The report examines the status of handicapped children in Project Head Start for the 1981-82 year. Chapter 1 presents background information, including an overview of Head Start policies on services to handicapped children. Chapter 2 reviews data collection measures and summarizes findings regarding the number of handicapped children enrolled and types and severity of handicaps. Among findings reported are an increase of 4,561 children serviced, a decrease in the percentage of multiple handicapping conditions from 1981 (21.5%) to 1982 (18.3%), and at least one handicapped child enrolled in 98% of all Head Start programs. Chapter 3 presents data on services to handicapped children, specifically outreach and recruitment, diagnosis and assessment of handicapped children, mainstreaming and special services, and coordination with other agencies. The final chapter presents a 10-year profile of ways in which Head Start has served handicapped students. Trends are discussed, including increases in special outreach and recruitment efforts to enroll handicapped children, consistent patterns in types of handicaps served (speech impaired children have comprised the largest percentage of handicapped children since the first year), and overall, a steady growth in the number of handicapped children served by Head Start programs and in the services provided to them. Appended materials presents survey results of the number of handicapped children in Head Start by state or geographical entity. (CL)

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THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

TENTH ANNUAL REPORT OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO THE CONGRESS OF THE UNITED STATES ON SERVICES PROVIDED TO HANDICAPPED CHILDREN IN PROJECT HEAD START

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
Washington, D.C.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FOREWARD TO THE STATUS OF HANDICAPPED CHILDREN IN HEAD START ANNUAL REPORT TO CONGRESS

For almost two decades the Federal government has been making a sustained investment in our country's tomorrow by its Head Start program of today. Head Start has meant quality educational services for children; it has meant the opening of many community resources to their families.

The children of low-income families that Head Start helped in the program's fledgling years have now come of age. The head start they received will make them better parents, better citizens, better Americans.

One facet of the Head Start program merits a special salute: its service to handicapped children.

This report marks the tenth year in which we proudly transmit to the Congress a report on the status of handicapped children within the Head Start program. In the program years 1981-1982, which this report encompasses, the program served an additional 4,561 handicapped children. We are honoring the legislation's mandate which provides that no less than ten percent of the total enrollment opportunities in the Head Start program in each State must be available for handicapped children.

Head Start has emphasized and accelerated a salutary trend as it "mainstreams" handicapped children. Mainstreaming is a form of liberation. Its objective is simple: Inclusion -- putting handicapped children into active, day-to-day group experiences with non-handicapped children. Giving handicapped children an opportunity to learn, to play, to live with non-handicapped children takes them a giant step in the direction of participation together as responsible adults in their later years. During the early, crucial years of growth, it is important for children to develop healthy attitudes and perceptions about each other, and themselves. Mainstreaming helps children reach that goal.

In 1982, 98% of all Head Start programs had enrolled at least one handicapped child. These children received a full range of child development services in addition to supplementary help in accordance with their special needs. These special services were provided either through the Head Start program, through outside agencies or through a combination of both.

This Administration believes in Head Start. We will continue to support comprehensive services which improve the quality of family life. It is through an alliance -- a working partnership -- between the Head Start program, community resources and State and local government agencies, that we can best make an important contribution to that bedrock institution.

Margaret M. Heckler

Margaret M. Heckler
Secretary

SUMMARY

Section 640(d) of the Head Start Act (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children . . . and that services shall be provided to meet their special needs" (42 U.S.C. §9801). In addition, the Head Start Act specifies the definition of handicapped children provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act (20 U.S.C. §1401(1)). P.L. 91-230 defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services.

Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

It has been estimated that there are 219,200 Head Start eligible handicapped children of preschool age (3-5) in the United States. Although there are various programs available to assist handicapped children, Head Start continues to make a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported in 1973. The proportion which they represent of the total program enrollment in 1981-1982 has fallen slightly compared to 1980-1981, although the actual number is higher.

This report is based on the Survey of Head Start Handicapped Efforts in the 1981-1982 full year Head Start Programs, as well as other supplementary data. It discusses the status of handicapped children in those full year Head Start programs that responded to the survey. Almost all Head Start programs are full year programs that operate eight to twelve months of the year. Only a few summer programs and 36 Parent and Child Centers (designed to serve children 0 to three years of age and their families) were not included in the survey.

Highlights are:

- The number of handicapped children served by Head Start programs increased by 4,561 children to 49,991 from the 1980-1981 program year to 1981-1982.

- Children professionally diagnosed as handicapped accounted for 11.2 percent of the total enrollment in the 1981-1982 program year. By comparison, in the 1980-1981 program year, children professionally diagnosed as handicapped accounted for 12.3 percent of the total enrollment.

- An additional 8,736 children who had been referred by Head Start programs for diagnosis, but had not yet been professionally diagnosed, represent 2 percent of the total Head Start enrollment.

- In 46 of the 50 States and the District of Columbia, children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in 1982. California (8.5 percent), Hawaii (8.9 percent), New Jersey (8.6 percent), and Texas (9.3 percent) fell below the 10 percent enrollment level. In the prior year, Alaska and Connecticut, as well as the District of Columbia, fell below the 10 percent level, but each achieved the 10 percent level in 1982 with ACYF assistance. These figures are based on the total actual enrollment for the operating year. The statute requires that 10 percent of the total number of enrollment opportunities in each State must be available for handicapped children but it does not require an actual enrollment of 10 percent handicapped children.

- The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 60 percent speech impaired,* 10.7 percent health impaired, 6.4 percent specific learning disabled, 5.9 percent mentally retarded, 5.9 percent physically handicapped, 4.7 percent seriously emotionally disturbed, 3.3 percent hearing impaired, 2.6 percent visually impaired, 0.3 percent deaf, and 0.2 percent blind.

- In 1982, 18.3 percent of the handicapped children enrolled in the reporting Head Start programs have multiple handicapping conditions compared to 21.5 percent in 1981. Some 16.6 percent of the handicapped children served required almost constant special education or related services, 50.9 percent a fair amount, and 32.5 percent little or some of these services. The proportion of children reported as requiring almost constant special education or related services increased by 2.5 percent over 1981.

- In 1982, 98 percent of all Head Start programs had enrolled at least one handicapped child.

- There were 909 programs (51.4 percent) that reported 3,150 handicapped children that were located by or referred to them that they were not able to enroll. The reason most frequently reported was that of not meeting age requirements (37.3 percent) and no available openings were indicated by 32.8 percent of these programs. The percent of such programs is much higher than in 1981 when 36.5 percent of the programs reported 2,986 handicapped children that they were not able to enroll.

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* Of the handicapped children enrolled in Head Start, 60 percent have been diagnosed as speech impaired. Although this represents an increase of 1 percent over last year, it is less than the percentage of preschool handicapped children categorized as speech impaired by the public schools (see Figures 1 and 2).

The enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. In 1982, only 35 out of 1,767 Head Start programs served no handicapped children. Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis, i.e., that mainstreams preschool handicapped children. Preschool programs that mainstream handicapped children give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of his or her disability.

There are some handicapped children who, for a variety of reasons, may do better at first in a non-mainstream environment or a home-based program. Others may benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Handicapped children enrolled in Head Start programs received the full range of child development services required in the Head Start Program Performance Standards as published in the Federal Register, June 30, 1975, for all Head Start children. These include education, parent involvement, social services, and health services (medical, dental, nutrition and mental health). In addition, they received the special education and related services required by the Head Start legislation. Some 90.9 percent of the Head Start programs reported special efforts to enroll and serve more severely handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively.

Head Start programs continued to increase their own staffs, facilities, and other capabilities to meet the growing service needs of the handicapped children enrolled. They also continued to use other agencies as sources of medical treatment and therapy (e.g., physical education exercises, speech training, and play therapy). A person was designated full time to coordinate services for handicapped children in 70.8 percent of the programs.

Head Start programs reported a number of special services provided to parents of handicapped children, including counseling; referrals to other agencies; visits to homes, hospitals, etc.; conferences with the technical staff and other parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance; and special classes.

Head Start and other agencies and organizations concerned with handicapped children coordinate efforts in order to make maximum use of their available resources. Programs reported working with other agencies in several ways:

- 28.1 percent of the handicapped children were referred to Head Start by other agencies or individuals; 18.1 percent of the handicapped children were referred and professionally diagnosed prior to Head Start involvement.

- 66.9 percent of the children received special education or related services from other agencies.

- 97 percent of the programs had written or informal agreements with local education agencies or other agencies regarding services for handicapped children.

Head Start programs also utilized volunteers and staff provided by outside agencies to meet the special needs of handicapped children. During 1981-1982, Head Start programs utilized 7,350 volunteers to provide special assistance to handicapped children, an increase of approximately 700 volunteers over the previous year. Programs also reported utilizing 5,494 staff from outside agencies, almost double last year.

Eight program manuals are being utilized to assist teachers, parents, and others such as diagnosticians and therapists in mainstreaming handicapped children. The series was developed in collaboration with teams of national experts and Head Start teachers, under the direction of the Head Start Bureau in the Administration for Children, Youth and Families (ACYF).

Head Start programs were also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each State's allocation figures are based on the number of handicapped children, 3 through 21 years of age, currently being served (20 U.S.C. §1411(a)(1)(A)). As a major provider of services to preschool handicapped children, Head Start program personnel worked with local education agencies to insure that children who had been professionally diagnosed as handicapped and who were receiving Head Start services were included in the State "Child Count." In addition, Head Start programs coordinated their searches for unserved handicapped children with the Statewide "Child Find" efforts required under P.L. 94-142. Head Start personnel also utilized other resources such as the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

The purposes of P.L. 94-142 are carried out in Head Start where handicapped children are given an opportunity to interact with children of varied abilities, needs and talents. Additionally, the Head Start program provides the special services required by handicapped children.

ACYF has facilitated a national thrust in mainstreaming handicapped children through the funding of a national network of projects called Resource Access Projects (RAPs) to provide training and technical assistance to Head Start grantees. An interagency agreement between ACYF and the Office of Special Education in the Department of Education commenced in 1977 designating the RAPs as liaisons between Head Start programs and State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development of State plans for preschool handicapped children as required under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 31 States or their territorial counterparts.

To assure optimal transition by handicapped Head Start children into public school, Head Start personnel serve as advocates for these children, helping parents understand how they can participate in developing an Individual Education Program (IEP) for each handicapped child.

This is the tenth Annual Report to the Congress, reflecting a decade since Congress first required Head Start to make available at least 10 percent of its enrollment opportunities to handicapped children and provide services to meet their special needs. Chapter 4 profiles a decade of accomplishments in Head Start's provision of services to handicapped children.

CHAPTER I

Handicapped Children in Head Start
Background Information

A. Purpose of This Report

This is the Tenth Annual Report to the Congress on Head Start Services to Handicapped Children. Pursuant to the Head Start Act (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions and the services being provided to them.

B. Overview of Head Start Policies on Services to Handicapped Children

Section 640(d) of the Head Start Act requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children. . . and that services shall be provided to meet their special needs" (42 U.S.C. §9835(d)). The data presented here reflect Head Start efforts in response to this legislative mandate.

In addition, the Head Start Act specifies the definition of handicapped children provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act (20 U.S.C. §1401(1)). P.L. 91-230 defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Head Start Bureau located in the Department's Administration for Children, Youth and Families (ACYF) has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. Outreach and Recruitment - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would be detrimental to the child.

2. Needs Assessment, Screening and Diagnosis - Needs assessment, screening and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation in order to provide an adequate basis for special education, treatment and related services. Head Start programs must insure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. Emphasis is placed on assuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.

3. Diagnostic Criteria and Reporting - In 1975, Head Start, the Office of Special Education (formerly the Bureau of Education for the Handicapped) in the Department of Education and other agencies that serve handicapped children reviewed the criteria then being used by Head Start for reporting purposes. Based on that review, an expanded set of criteria were developed which included the addition of a "learning disabilities" category in order to be consistent with P.L. 94-142, the Education for All Handicapped Children Act of 1975 (20 U.S.C. §1401(1)). The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, the criteria were specifically tailored to the developmental levels of the preschool population, aged 3-5.

In 1978, malnutrition was deleted from the "health impairment" category. A careful review of this category indicated that the inclusion of severe malnutrition was inconsistent with other conditions included under "health impairment." Since then, malnutrition has been dealt with as part of the overall health services reporting and evaluation.

For program year 1981-1982, the reference to "autistic" children has been deleted from the category "serious emotional disturbance" and added to the category "health impairment" for reporting of handicapped children in Head Start. This was done in accordance with the regulation issued in January 1981 by the Secretary of the Department of Education that made changes in the definition of "handicapped children" under Part B of the Education of the Handicapped Act, as amended by P.L. 94-142.

Table A presents the diagnostic criteria used in reporting handicapping conditions of the children in 1981-1982 Head Start programs.

TABLE A

Diagnostic Criteria for Reporting Handicapped Children in Head Start

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses. These professionals must take into consideration the cultural/ethnic characteristics of the Head Start children.

To be counted as handicapped, children must meet two criteria. They must have one of the following handicapping conditions (by professional diagnosis) and, by reason thereof, require special education and related services.

Blindness - A child shall be reported as blind when any one of the following exists: (a) the child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Handicap) - A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness has been made in the State of residence.

Hearing Impairment (Handicap) - A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) the child has hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

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* Multiple Handicaps: Children will be reported as having multiple handicaps when, in addition to their primary or most disabling handicap, one or more other handicapping conditions are present.

Physical Handicap (Orthopedic Handicap) - A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contractures, and cerebral palsy.

Speech Impairment (Communication Disorder) - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - These impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, neurological disorders, or autism.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include, but not be limited to, the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and noncommunicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, or psychotic.

Specific Learning Disabilities - These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Not included are learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language, spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and special educators with at least Master's degrees and evidence of special training in the diagnosis of learning disabilities.)

4. Severely and Substantially Handicapped Children - Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g., children whose vision with eyeglasses is normal or nearly so), and those children who are handicapped, as defined in the legislation and who, by reason of their handicap, require special education and related services (see Table A, Page 3). The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment opportunities requirement. Head Start considers the children who need special services, namely those whose handicap cannot be corrected or ameliorated without such special services, as substantially or severely handicapped. Children with minimal or milder handicapping conditions, but who do not require special services, will continue to receive appropriate Head Start services but these children are not considered as part of the Congressionally mandated target population. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

   Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially handicapped children to learn and play with nonhandicapped children is vital to their optimal development.

   Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting, with nonhandicapped children. Severely handicapped children are enrolled in Head Start except when the professional diagnostic resource recommends that the placement would be detrimental to the child.

5. Services for the Handicapped Child - Head Start grantees and delegate agencies must insure that all handicapped children enrolled in the program receive the full range of comprehensive services available to nonhandicapped Head Start children, including provision for participation in regular classroom activities. These services--education, social services, parent involvement and health services (including medical, dental, mental health and nutrition)--should consider the child's needs, his or her developmental potential and family circumstances. In addition, special education services and support services are provided to meet the unique needs of the individual handicapped child.

6. Mainstreaming - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As was noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of learning and playing with nonhandicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. Program Models - Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include a home-based model, a locally-designed option, a variation in center attendance option, and the standard five-day center-based model, allow the flexibility necessary to individualize services to handicapped children and their families. Within each model, Head Start programs are encouraged to develop an individual service plan based on a professional's diagnosis and, with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. Collaboration with Other Agencies - As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to insure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the State "Child Count" on which allocation of Federal education for handicapped funds is based. Head Start programs are also working with statewide "Child Find" efforts in the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education for All Handicapped Children Act of 1975 and by other State and local funding auspices. Head Start actively pursues such arrangements.

9. Ten Percent Handicapped Enrollment by State - Head Start's objective is to assure that at least 10 percent of the enrollment opportunities in each State are made available to handicapped children and to provide the special education and related services necessary to meet the children's needs. ACYF Regional Offices work with individual Head Start grantees to help assure this objective. Regional Office staff help grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

CHAPTER 2

Status of Handicapped Children in Head Start

Section 640(d) of the Head Start Act requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through the 1982 Survey of Head Start Handicapped Efforts conducted for ACYF by Informatics General Corporation. For the first time, the Survey was included as part of the Project Head Start Annual Program Information Report on full year programs. The Program Information Report, containing a section on Handicapped Services, was mailed to all Head Start grantees and delegate agencies in May 1982. Head Start programs reported on the status of handicapped children as of June 15, 1982, or the end of their operating year. This time reference was different from the prior year when programs reported as of the end of March. Difference in the time of reporting may affect the measurement of some variables, e.g., number of handicapped children. In addition, changes were made in the definition of selected variables. These changes may have affected variables such as total enrollment in Head Start (which also affects the percent of total enrollment represented by handicapped children), number of handicapped children requiring special education or related services, coordination with other agencies and steps taken to enroll and serve more severely handicapped children. These potential effects will be addressed in the discussions related to appropriate variables.

All 1,767 questionnaires mailed to Head Start full year programs were completed and returned. Therefore, a response rate of 100 percent was achieved for the second consecutive year. Almost all Head Start programs are full year programs that operate eight to twelve months of the year. Only a few summer programs and 36 Parent and Child Centers (designed to serve children 0 to three years of age and their families) were not included in the survey.

The survey gathered data in the following categories:

1. General - Number of both handicapped and nonhandicapped children actually enrolled and number of center-based classes operated.

2. Staff - Number of full time coordinators of services for handicapped children by type of degrees or licenses held, number of volunteers, number of staff provided by outside agencies, number of programs using PA 26 funds (Head Start funds earmarked for services to handicapped children) for staff, and number needing additional funds for staff.

3. Enrollment of Handicapped Children - Data on number of handicapped children enrolled who were professionally diagnosed (reported by handicapping conditions), levels of special education or related services required, multiple handicaps, referrals from outside Head Start, ages, home-based and center-based experience. Also reported were the number of handicapped children who were located by or referred to Head Start programs that were not able to be enrolled and the number not yet professionally diagnosed but believed to be handicapped at the time of the survey.

4. Services - Data on number of handicapped children, by handicapping condition, receiving services from Head Start and other agencies; number of programs offering special education and related services for handicapped children and their parents which were provided by Head Start and other agencies; the number of classes with at least one handicapped child enrolled; number of programs reporting utilization of PA 76 funds, and need for additional funds to modify facilities or provide materials or equipment to serve handicapped children; and agreements with other agencies to provide needed services to handicapped children.

Data on enrollment of children professionally diagnosed as handicapped, multiply handicapped, levels of special education or related services required, and number of those children receiving services by Head Start and other agencies were reported by handicapping condition. Unlike prior years, data on types of services were not reported by type of handicapping condition.

In order to reduce the reporting burden on Head Start grantees, the Survey of Handicapped Efforts was combined with the Program Information Report and a number of questionnaire items were taken out of the Survey. As a result, other data collected in prior years which were no longer collected in 1982 include information on number of centers serving handicapped children, enrollment of handicapped and nonhandicapped children by home-based and center-based options, types of diagnosticians, and information on staff training designed to improve services for handicapped children. Finally, no data were collected on Summer 1981 programs.

A telephone validation survey was completed in November 1982 on a 10 percent sample (55 programs) of those Head Start programs for whom questionnaires were considered fully completed and error free. The programs were randomly sampled by Region and State for this validation survey. The data from these programs support the overall survey results, suggesting that, at the time of the original survey, programs accurately reported the status of the handicapped Head Start children. The findings of the survey data are also consistent with information available from site visits by Head Start national and regional staff to Head Start programs serving handicapped children and from other independent sources.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 219,200 Head Start eligible handicapped children of preschool age (3-5) in the United States.* Although Head Start, with its current enrollment level, cannot meet the needs of all these handicapped children, it is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has increased since the data were first reported in 1973. All but a small fraction of these children are being mainstreamed.

Highlights are:

- There were 49,991 handicapped children served in Head Start programs in 1982. This represents an increase of 4,561 children over the 45,430 handicapped children served in 1981. Children professionally diagnosed as handicapped accounted for 11.2 percent of total actual enrollment in Head Start programs, a slight decrease from the 12.3 percent in 1981.

- In 46 of the 50 States and the District of Columbia, children professionally diagnosed as handicapped accounted for at least 10 percent of Head Start enrollment in 1982. In the prior year, Alaska and Connecticut, as well as the District of Columbia, fell below the 10 percent level, but each achieved 10 percent in 1982 with ACYF assistance.

The total enrollment figure used as the denominator in the equation to compute percent of handicapped children was based on actual enrollment, including dropouts and late enrollees, for 1982. Therefore, handicapped children as a percent of this total enrollment may be smaller than prior years due to the method used to measure the enrollment. Also, data were collected at the end of the program year in 1982, whereas for the prior year, they were collected in March. The statute requires that 10 percent of the total number of enrollment opportunities in each State must be available for handicapped children but it does not require an actual enrollment level of 10 percent handicapped children.

While Head Start has exceeded 10 percent nationally with a 11.2 percent enrollment, four States (California, with enrollment of 8.5 percent; Hawaii, with 8.9 percent; New Jersey, with 8.6 percent; and Texas with 9.3 percent) fell short of the 10 percent enrollment target based on actual enrollment. The percent of handicapped children based on funded enrollment would be at the 10 percent level for these four States.

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* The March 1982 Current Population Survey conducted by the Bureau of Census reported that the number of children in poverty in the age group 3-5 is 2,192,000. Based on the estimated prevalence of handicapped children in this age group, it is estimated that 10 percent, or 219,200 of these children are handicapped.

In addition, the following geographic entities were below the 10 percent enrollment level: American Samoa, 1.2 percent; Guam, 8 percent; Puerto Rico, 9.2 percent; and Virgin Islands, 4.3 percent. (Appendix A provides enrollment data for each State and geographic entity, and Indian and Migrant programs.)

In the case of the four States and other geographic entities that have less than 10 percent handicapped enrollment, efforts are underway to increase the enrollment of handicapped children. The ACYF Regional Offices are working with the Head Start programs in these States to identify the reasons for the level of enrollment of handicapped children and to devise specific strategies for increasing their enrollment of handicapped children. Progress toward increasing enrollment in these States and geographic entities will be reported in next year's Annual Report.

Ninety-eight percent of the Head Start programs served at least one handicapped child. The proportion of programs enrolling at least one handicapped child has generally increased since 1975. Head Start programs operated centers with 19,385 classes; 80.5 percent of these classes served at least one handicapped child during the 1981-1982 program year.

Approximately 66.7 percent of Head Start programs have enrolled at least 10 percent handicapped children in 1982. The proportion of Head Start programs serving at least 10 percent handicapped children steadily increased through 1978, showed a slight decrease in 1979 and 1980, an increase in 1981, and then a 6.6 percent drop in 1982. ACYF is examining the reasons for this drop in 1982.

There were 3,066 handicapped children served in the home-based option, a program which uses the home as the central facility and focuses on the parents as the primary factor in the child's development. These children represent 6.1 percent of all handicapped children in Head Start. The vast majority, 86.6 percent of these children (2,654), attended a group experience at least once a month.

Of the 49,991 handicapped children served by Head Start programs, 23.2 percent were 3 years of age or under, 57.5 percent were 4 years old, 17.2 percent were 5 years old, and 2.1 percent were 6 years or older. (Head Start children 6 years of age or older are in communities where the children go directly from Head Start into first grade, predominantly in the southeastern States.) Data on age of handicapped children enrolled in home-based and center-based options indicate that those in the home-based option are slightly younger as a group; 41.4 percent of the home-based children are three years old or younger, while only 22 percent of the center-based children are three years old or younger.

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities who by reason thereof require special education and related services.

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Figure 1 and Table 1 as a proportion of the total population of handicapped children in Head Start programs in 1982. Of the handicapped children enrolled in Head Start, 60 percent have been diagnosed as speech impaired. Although this represents an increase of 1 percent over last year, it is less than the percentage of preschool handicapped children categorized as speech impaired by the public schools (see Figures 1 and 2). The increase in proportion of speech impaired children being served in Head Start has been an area of continued interest. An indepth study on this population is underway by ACYF. Preliminary results from the study indicate that eighty-two percent of speech impaired children were determined to be appropriately diagnosed. Minority children were not over-represented in the population of children diagnosed as speech impaired in Head Start.

FIGURE 1

PRIMARY OR MOST DISABLING HANDICAPPING CONDITION
OF HANDICAPPED CHILDREN ENROLLED IN FULL YEAR HEAD START

June 1982

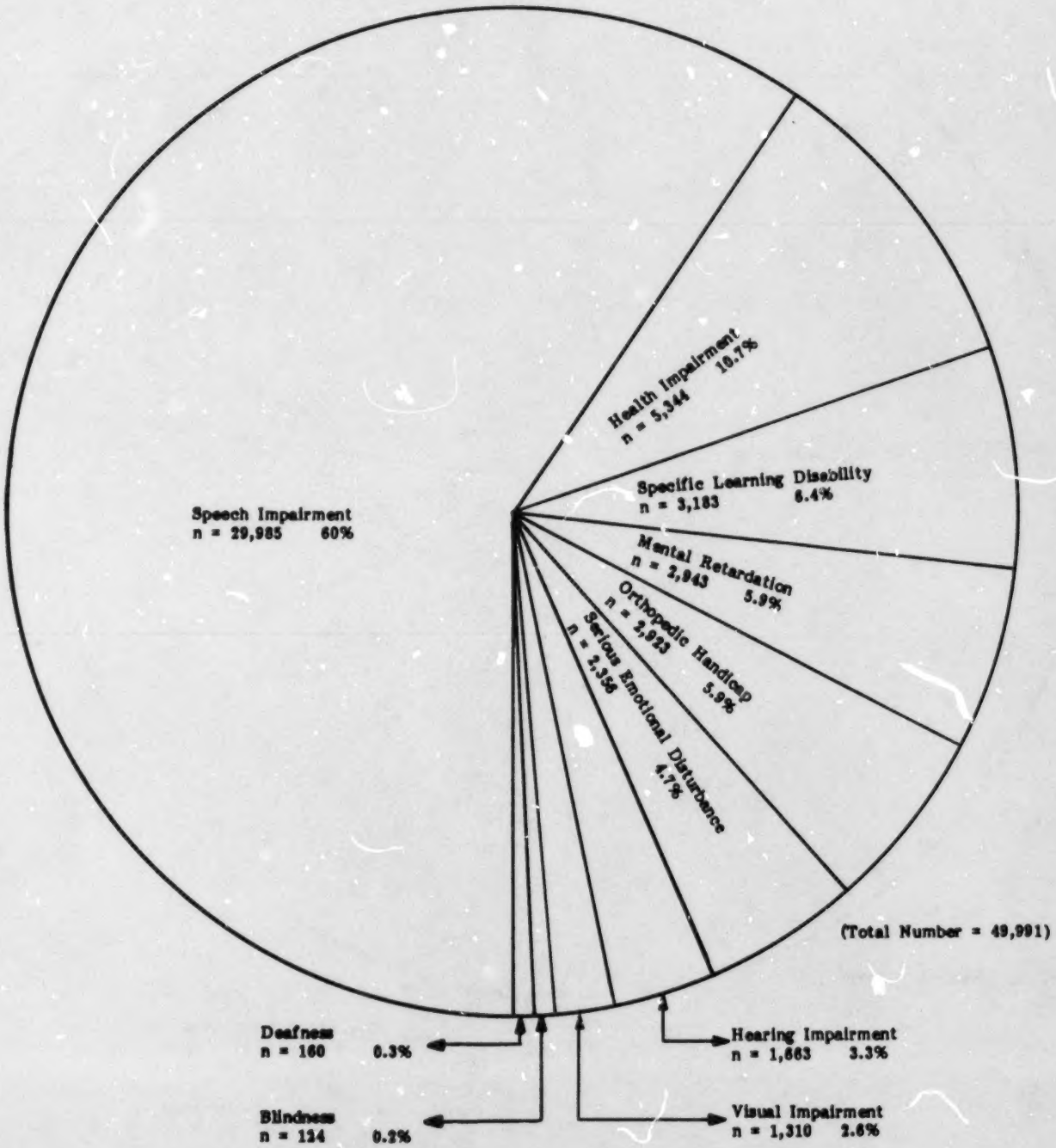
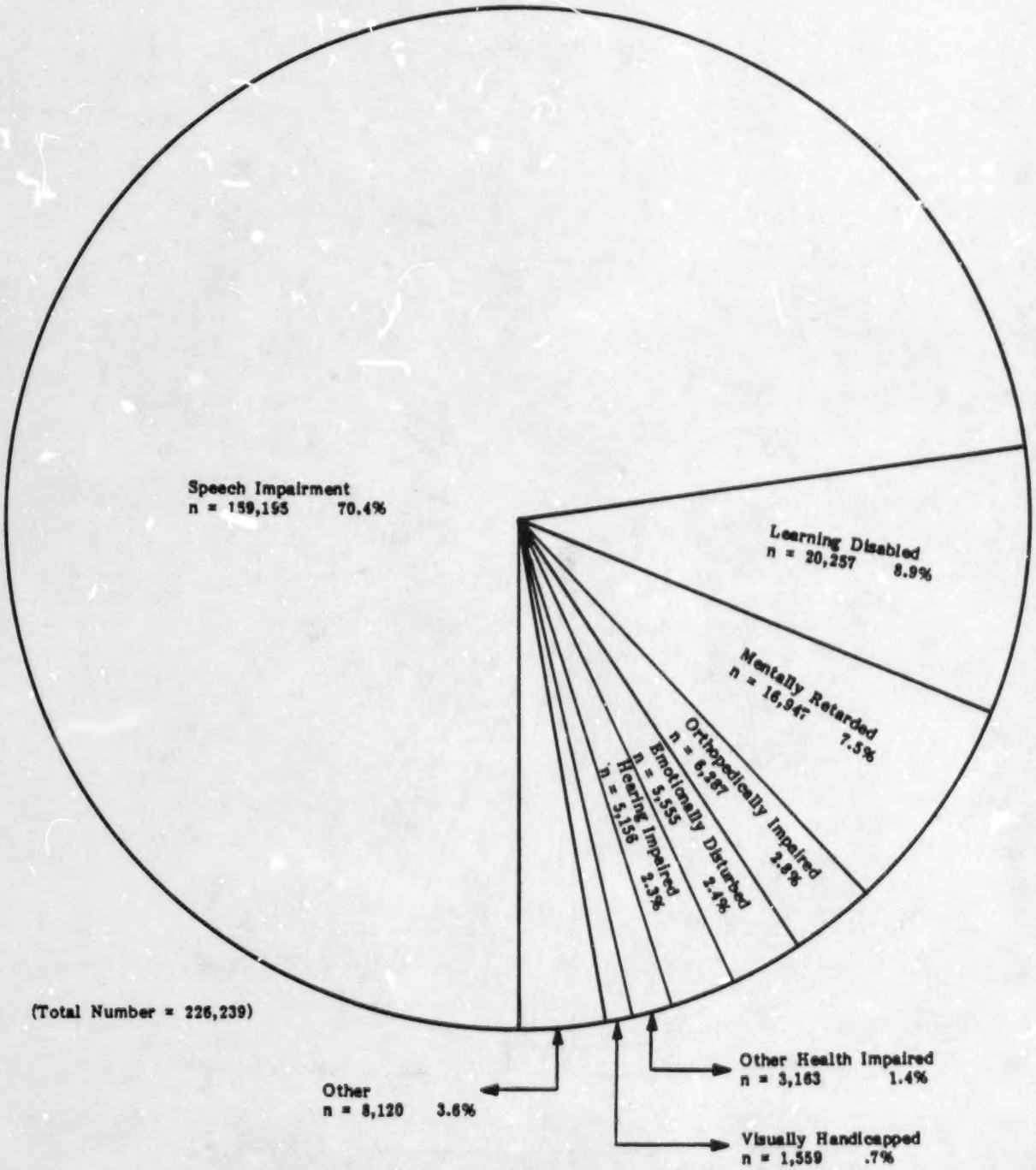


FIGURE 2

DIAGNOSTIC CATEGORY OF HANDICAPPED CHILDREN AGES 3-5 SERVED AS REPORTED BY STATE EDUCATION AGENCIES*

December 1, 1981

*Source: Data from the Office of Special Education, U.S. Department of Education. The data was reported by State Education Agencies as child count figures for 3-5 year old children served.



NOTE: The Visually Handicapped category includes blind children; Hearing Impaired includes deaf children; and Other includes deaf-blind and multiple handicapped children.

TABLE 1

Types of Handicapping Conditions of Children Professionally Diagnosed as Handicapped

Handicapping Condition	Number	Percent of Total Number Of Children Professionally Diagnosed as Handicapped
Speech Impairment	29,985	60.0
Health Impairment	5,344	10.7
Specific Learning Disability	3,183	6.4
Mental Retardation	2,943	5.9
Physical Handicap (Orthopedic)	2,923	5.9
Serious Emotional Disturbance	2,356	4.7
Hearing Impairment	1,663	3.3
Visual Impairment	1,310	2.6
Deafness	160	0.3
Blindness	124	0.2
TOTAL	49,991	100.0

Head Start programs have enrolled children with a wide range of handicapping conditions. Ninety-six and a half percent of the programs enrolled at least one child who was speech impaired; 65.5 percent of the programs enrolled at least one child whose primary handicapping condition was health impairment; for physical handicap, the proportion was 60.8 percent; specific learning disability, 46.2 percent; mental retardation, 46.1 percent; serious emotional disturbance, 39.5 percent; hearing impairment, 36.8 percent; visual impairment, 36.5 percent; deafness, 7.4 percent; and blindness, 6.1 percent. Note that the specific handicapping condition, autism, was shifted from serious emotional disturbance to health impairment. However, autistic children represent only .2 percent of the total 49,991 handicapped children. Therefore, the shift had little impact on the relative proportions in these two handicapping conditions.

There were 29,985 speech impaired children enrolled in Head Start programs. The data on the specific conditions of speech impairment are presented in Table 2.

TABLE 2

Specific Handicapping Conditions of Children Professionally Diagnosed as Speech Impaired

Specific Conditions	Percentage of Total
Expressive or Receptive Language Disorders	50.4
Severe Articulation Difficulties	41.5
Voice Disorders	2.1
Severe Stuttering	2.0
Cleft Palate, Cleft Lip	1.7
Other Speech Disorders	2.3
TOTAL	100.0

There were 5,344 health impaired children enrolled in Head Start programs. The data on the specific conditions of health impairment are presented in Table 3.

TABLE 3

Specific Handicapping Conditions of Children Professionally Diagnosed as Health Impaired

Specific Conditions	Percentage of Total
Respiratory Disorders	18.4
Epilepsy/Convulsive Disorders	17.7
Blood Disorders (e.g., Sickle Cell Disease, Hemophilia, Leukemia)	14.9
Heart/Cardiac Disorders	10.5
Severe Allergies	10.2
Neurological Disorders	6.9
Autism	1.8
Diabetes	1.7
Other Health Disorders	17.9
TOTAL	100.0

There were 2,923 physically handicapped children enrolled in Head Start programs. The data on the specific conditions of physically handicapped are presented in Table 4.

TABLE 4

Specific Handicapping Conditions of Children Professionally Diagnosed as Physically Handicapped (Orthopedically Handicapped)

Specific Conditions	Percentage of Total
Cerebral Palsy	28.4
Congenital Anomalies	15.7
Deformed Limb	14.3
Bone Defect	10.7
Spina Bifida	7.4
Oro/Facial Malformation	3.1
Absence of Limb	2.4
Arthritis	1.9
Severe Scoliosis	1.3
Other	14.8
TOTAL	100.0

There were 3,183 specific learning disabled children enrolled in Head Start programs. The data on the specific conditions of specific learning disabled are presented in Table 5.

TABLE 5

Specific Handicapping Conditions of Children
Professionally Diagnosed as Specific Learning Disabled

Specific Conditions	Percentage of Total
Motor Handicaps	28.8
Sequencing and Memory	19.3
Perceptual Handicap	18.3
Hyperkinetic Behavior	13.9
Minimal Brain Dysfunction	7.0
Developmental Aphasia	4.9
Dyslexia	1.5
Other	6.3
TOTAL	100.0

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatments and services. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor services for that child in order to provide a focused, systematic plan of action.

In 1982, 9,126 (18.3 percent) of the handicapped children enrolled in Head Start programs have multiple handicapping conditions. This is a decline from the 9,763 multiply handicapped children reported last year and represents the fourth consecutive year of decline. Multiply handicapped children represented 27.7 percent of all handicapped children in 1978, 26.8 percent in 1979, 25.1 percent in 1980, and 21.5 percent last year.

Compared to other handicapping conditions, deaf (68.8 percent), and mentally retarded children (61.5 percent) show the highest incidence of multiple handicap, and speech impaired children the lowest (7.8 percent). Table 6 provides specific data by primary handicapping condition on the number of children who have multiple handicapping conditions. An increase in the proportion of speech impaired children reported to have the smaller proportion of those with multiple handicaps may be accounting for some of the apparent decrease in multiply handicapped children. ACYF continues to pursue a balanced program in which service is provided to children with each of the ten handicapping conditions.

TABLE 6

Distribution of Number of Children by Primary or Most Disabling Handicap Who Have One or More Other Professionally Diagnosed Handicapping Conditions

Primary Handicapping Condition	Number of Children Reported	Number of Children With One or More Other Handicapping Conditions	Percent of Children Who Have One or More Other Conditions
Deafness	160	110	68.8
Mental Retardation	2,943	1,811	61.5
Hearing Impairment	1,663	693	41.7
Blindness	124	45	36.3
Specific Learning Disability	3,183	1,132	35.6
Serious Emotional Disturbance	2,356	779	33.1
Physical Handicap	2,923	906	31.0
Visual Impairment	1,310	295	22.5
Health Impairment	5,344	1,008	18.9
Speech Impairment	29,985	2,347	7.8
TOTAL	49,991	9,126	18.3

Finally, 16.6 percent of the handicapped children served required almost constant special education or related services, 50.9 percent a fair amount, and 32.5 percent little or some of these services. Compared to last year, those children requiring almost constant special education or related services increased 2.5 percent from 14.1 percent and conversely, those requiring little or some services decreased 3.1 percent from 35.6 percent. Interpretation of these data are confounded by the change in wording in the questionnaire between 1981 and 1982. Until this year, the terms almost constant, fair amount, and little or some assistance were used. The 1982 survey was made more specific by substituting the term "special education or related services" for the term "assistance". However, another definition change also may have affected the 1981 data. As in the previous years, deaf, mentally retarded, blind, and seriously emotionally disturbed children required the highest levels of almost constant services.

ACYF continues to pursue an active outreach and recruitment effort for enrolling and serving severely handicapped children. A step in process is that of requesting Head Start programs to address how they will seek to increase the enrollment of more severely handicapped children.

CHAPTER 3

Services to Handicapped Children

Local Head Start programs developed and carried out activities and services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start, particularly more severely handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continued to increase their own staff, facilities, and other capabilities to meet the needs of the handicapped children enrolled. In addition, the programs used other agencies as sources of special services. This chapter reports on the degree to which these activities and services are being performed, utilization of, and need for, additional staff, facilities, and materials.

A. Outreach and Recruitment

The data regarding outreach and recruitment were collected specifically on efforts to enroll and serve more severely handicapped children. In prior years, programs reported on special efforts and outreach and recruitment activities utilized to recruit handicapped children in general. Of the Head Start programs, 90.9 percent reported steps taken to enroll and serve more severely handicapped children. The most frequent steps taken by programs reporting these data were: coordination with other agencies serving severely handicapped children (79.9 percent) and specific outreach and recruitment procedures aimed at severely handicapped children (61.9 percent). Programs also reported that they held orientation sessions for local diagnosticians and provided them with special materials, etc. (28.6 percent), made change(s) in recruitment and enrollment criteria (21.2 percent), and took other steps (15.7 percent).

Head Start programs and other agencies serving handicapped children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies provide the needed special services.

Fifty-one percent of all Head Start programs reported they were not able to enroll some handicapped children located by or referred to them. In 1981, 36.5 percent of the programs reported they were not able to enroll some handicapped children. Table 7 provides data on the number and percent of such programs, the number of handicapped children, and indicates the primary reason they were unable to enroll these children. Most common among these reasons were: the children did not fit the age requirements, other agencies serve these children, child's parents refused, and no available openings.

TABLE 7

Rank Ordering By Number and Percent of Programs of Reported Reasons Why Some Handicapped Children Located by or Referred to Head Start Programs Were Not Enrolled

Primary Reasons* for Not Enrolling Some Handicapped Children	Number of Programs	Percent of the 909 Reporting Programs	Number of Handicapped Children Not Enrolled
Did Not Fit Age Requirements	320	37.3	808
Other Agencies Serve These Children**	303	35.3	757
Child's Parents Refused	285	33.2	499
No Available Openings	281	32.8	1,042
Did Not Meet Income Guidelines	247	28.8	736
Lack Of Adequate Transportation	173	20.2	360
Handicap Too Severe for Child To Benefit From Head Start	158	18.4	238
Other	151	17.6	488

B. Diagnosis and Assessment of Handicapped Children

The Head Start statutory definition of handicapped children excludes children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting and, more importantly, to insure that children who are considered handicapped are not mislabeled or misdiagnosed, and to identify the requested special education and related services, Head Start requires that each child reported as handicapped be diagnosed by appropriate professionals. At the time of the survey, all of the 49,991 children reported as handicapped had been diagnosed by qualified professionals. Of these children, 18.1 percent were referred to Head Start by other agencies or individuals and diagnosed prior to Head Start. Another 10 percent were similarly referred, but diagnosed after Head Start enrollment. This is a total of 28.1 percent who were referred to Head Start by other agencies or individuals outside Head Start.

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* Head Start programs could report more than one reason as they were requested to report on the primary reason for each handicapped child located by or referred to them that they were not able to enroll.

** Head Start programs do, however, serve children who are also served by other agencies when this would lead to the full provision of comprehensive services for the child.

Nearly half (47.4 percent) of the total handicapped children were diagnosed between the time of enrollment in Head Start and January 31, 1982. Over one-third (34.1 percent) were diagnosed prior to enrollment in Head Start, and 18.5 percent between February 1, 1982 and the end of the operating period for the programs. In addition, there were 8,736 children who had been referred by Head Start programs for diagnosis but had not yet been professionally diagnosed. These children, believed to be handicapped, represent 2 percent of the actual enrollment in Head Start.

In some communities, the Head Start program was the only channel of diagnosis for preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, the diagnoses were provided by professional diagnostic teams and/or individual professionals, employed as Head Start staff or consultants. In other situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

Step 1: An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific handicap) makes both a categorical diagnosis and a functional assessment. Head Start diagnostic criteria (see Table A in Chapter 1) are used to make a categorical diagnosis. The categorical diagnosis is used primarily for reporting purposes and for overall program planning. The categorical diagnosis is consistent with procedures Head Start programs must follow to insure confidentiality and to guard against mislabeling. No individual child is identified publicly as "handicapped." Only the aggregate numbers of children with specific handicapping conditions are reported by local Head Start programs to the ACYF.

Step 2: The diagnostic team also develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An Individual Program Plan (IPP) or an Individual Education Plan (IEP) is developed based upon the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and describes the special education and related services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents and the child's teacher.

Step 4: Ongoing assessment of the child's program is made by the Head Start teacher, the parents, and as needed by the diagnostic team. The Individual Program Plan and the delivery of services are modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for continuity of services when the child leaves the program. This may include: (1) updating the assessment information with the development of recommendations for future treatment, (2) conducting an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child, and (3) transferring files, with parental consent. The public school is the primary agency responsible for following up to insure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team with close and continuing involvement of parents, appears to be the best way to assure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services--medical, dental, nutritional, mental health, social services, and parent participation--tailored to the specific capabilities of each child. In addition, handicapped children are to receive special education, therapy, or other services, either within the Head Start program or as provided by other agencies. Parents of these handicapped children also receive training, counseling, and support services.

Mainstreaming - By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with non-handicapped children at an early age can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Preschool programs where handicapped children are mainstreamed give disabled children a chance to play and learn with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The nonhandicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capabilities.

A two-year evaluation of mainstreaming in Head Start, conducted for ACYF,* indicated that mainstreaming in Head Start has been generally successful and has included nearly all handicapped children in Head Start. The study established that high levels of time spent in a mainstreaming situation were positively related to developmental gains and increased positive social interaction by Head Start handicapped children.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, some children who, at least initially, may do better in a home-based program. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the nonhandicapped peer group. Others benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis. In 1982, 98 percent of the Head Start programs had enrolled at least one handicapped child. Moreover, the survey showed that handicapped children were present in 80.5 percent of the Head Start classrooms in 1982. These levels are generally comparable to 1980 and 1981.

Special Services - Handicapped children have special needs which require special services. They may also require special equipment, materials, or modification of existing facilities. The special services required may be provided through Head Start or through outside agencies, or through a combination of both. Table 8 reports comparative levels for special services provided to handicapped children and their parents in 1980, 1981, and 1982, by reporting Head Start programs.

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* Applied Management Sciences (AMS), an independent research firm, completed their evaluation of mainstreaming in Head Start in February of 1979. The AMS evaluation reports are available through the Educational Resources Information Center (ERIC) System. These reports are available for purchase from Computer Microfilm International Corp., ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703-841-1212). The order numbers are ED 168-236 through 240, ED 168-291, ED 176-433, and ED 177-803.

TABLE 8

Three Year Comparison of Special Services Provided to Handicapped Children Enrolled in Full Year Reporting Head Start Programs

Services Provided	1980	1981	1982
Total number of children who are receiving special education or related services in the classroom from Head Start staff*	35,168	37,462	47,092
Total number of children who are receiving special services from other agencies	24,040	25,138	33,449
Total number of parents receiving special services from Head Start related to their child's handicap	34,287	38,438	35,726

In each category of special services, the trend of increased numbers of children receiving special services continues. However, the increase was substantially greater in 1982 than in earlier years. The number of children receiving special education or related services jumped 25.7 percent from 37,462 to 47,092. In the three previous years, increases ranged from 6 percent to 15 percent. The continued emphasis on mainstreaming handicapped children by providing these services in Head Start classrooms is reflected in these data. The total number of children receiving special services from other agencies increased even more dramatically. Children served by other agencies increased 33.1 percent from 1981 to 1982. This increase is well above the levels observed in other years (5 percent to 11 percent).

While the number of children served showed large increases, the number of parents receiving special services from Head Start decreased for the first time. The number of parents served fell 7 percent from 38,438 in 1981 to 35,726 in 1982. Increases up to 1982 had more than doubled the number of parents served since 1976.

About 94.2 percent of the handicapped children received special education or related services from Head Start staff and 66.9 percent received special services from other agencies. Both represent a marked increase over last year. About 62.6 percent of the handicapped children received services from both sources, reflecting an increase over the 43.9 percent so reported in 1981. Less than one-third (31.6 percent) received services from Head Start staff only, and 4.3 percent from other agencies only. Only 1.5 percent of the children received no special education or related services. This figure is notably lower than last year's 5.5 percent.

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* The questionnaire for the 1982 data reported here omitted the phrase "in the classroom."

Special Services Provided by Head Start

Head Start programs provide many special education and related services to handicapped children. These services range from individualized instruction to counseling for parents and psychological and physical therapy.

The special education or related services provided by Head Start staff, listed in order of the proportion of programs providing the services, are: individualized teaching techniques (91.2 percent); speech therapy and language stimulation (83.9 percent); counseling for parent or family (83 percent); transportation (75.6 percent); education in diet, food, health, and nutrition (69.7 percent); psychotherapy, counseling and behavior management (58.8 percent); special teaching equipment (52.3 percent); physical therapy and physiotherapy (20.3 percent); occupational therapy (14.6 percent); and other services (12.4 percent).

Special Services Provided by Other Agencies

Head Start also received services for handicapped children in their programs from other agencies. These services, listed in order by the proportion of programs receiving services, are: medical or psychological diagnosis, evaluation or testing (82.9 percent); speech therapy and language stimulation (81.2 percent); medical treatment (76.5 percent); family or parental counseling (72.2 percent); psychotherapy, counseling and behavior management (56 percent); assistance in obtaining special services included in IEP/IPP (55.4 percent); special equipment for children (54.3 percent); physical therapy (43.4 percent); transportation (38.7 percent); education in diet, food, health, and nutrition (38.5 percent); special teaching equipment (34.1 percent); occupational therapy (22.1 percent); and other services (4.2 percent).

Special Services Provided to Parents of Handicapped Children

Of the Head Start programs serving handicapped children, 91.6 percent provided special services to parents of handicapped children. The services, listed in order of percentage of programs providing the services, are: referrals to other agencies (81.5 percent); counseling (78.9 percent); conferences with technical staff and other meetings (74.3 percent); visits to homes, hospitals, etc. (70.6 percent); literature or special teaching equipment (68.4 percent); transportation (67.7 percent); parent meetings (64.6 percent); medical assistance in securing medical services (61.7 percent); workshops on school services (49.8 percent); special classes (30.8 percent); and other services (7.2 percent).

Other Special Services Provided by Head Start

In 1982, 70.8 percent of the Head Start programs had a full time coordinator of services for handicapped children as compared to 52.8 percent in 1981 and 65 percent in 1980. Of the 1,767 programs, 63.6 percent had a coordinator with a degree or license. In 20.7 percent, the coordinator's degree or license was in early childhood/special education, in 18.1 percent, it was in special education, 12.3 percent in speech pathology/audiology, 11.4 percent in psychology, and 36.6 percent in some other area.

PA 26 funds were used by 35.3 percent of the programs to pay for full or part time teaching staff, 78.4 percent for full or part time specialists or consultants, and 11.1 percent for special modifications in physical facilities. Additional funds were needed within the grant by 28.4 percent of the programs for full or part time teaching staff, 38 percent for full or part time specialists or consultants, and 15.8 percent for special modifications in physical facilities. Programs also reported purchasing or leasing various types of materials or equipment. These included 65.2 percent of the programs securing instructional materials, 60.4 percent screening/diagnostic tests, 35.3 percent special play equipment, 12.7 percent special transportation equipment, and 15.5 percent other materials and equipment. Additionally, 24.6 percent of the programs indicated that they needed additional instructional materials, 23.5 percent special play equipment, 21.6 percent screening or diagnostic tests, 14 percent special transportation equipment, and 9.2 percent other materials or equipment.

In 1982, 7,350 volunteers in over 40 percent of the Head Start programs provided special assistance to handicapped children. This is an increase over the 6,679 volunteers reported in 1981 programs. In addition, 5,494 staff members that provided special assistance to handicapped children in 55 percent of the Head Start programs were from other agencies. This is an increase from 1981 when 2,891 staff from outside agencies provided special assistance in 42 percent of the programs.

Resource Access Projects (RAPS) - Head Start's commitment to individualization for all children, including those with handicaps, has facilitated a national thrust of mainstreaming handicapped children in a setting with nonhandicapped youngsters.

Head Start's effort to serve handicapped children, including the severely handicapped, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Head Start Bureau of ACYF established a network of fifteen Resource Access Projects (RAPs) to serve a designated number of Head Start grantees in each ACYF region throughout the nation.

It is the responsibility of each RAP to assist Head Start programs in working with handicapped children. Activities performed by each RAP include the following:

- Identify local, regional and national resources;
- Determine local Head Start needs and match these needs with available resources;
- Coordinate the delivery of services to Head Start programs;
- Provide training and technical assistance;
- Promote and facilitate collaborative efforts between Head Start and other agencies; and
- Provide resource materials to Head Start grantees.

Additionally, the RAPs have responsibility for providing training designed to introduce the eight resource manuals in the series Mainstreaming Preschoolers* which focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents in working with handicapped children. The RAPs are responsible for conducting a minimum of one workshop per State each year, and have been designated as the primary mechanism for dissemination of the Mainstreaming Preschoolers series.

Over a four year period of conducting mainstreaming training (1978-1979 to 1981-1982), a total of 47,113 persons have been trained at mainstreaming conferences or their equivalent. In 1981-1982, the RAPs trained 13,278 persons including teachers, supervisors and support staff. For the third year, a separate contract was awarded to evaluate the mainstreaming training. In a sample of about 400 Head Start programs contacted by the contractor evaluating the RAPs, it was found that 28 percent of the Head Start teachers had received mainstreaming training during 1981-1982. Evaluations by participants have shown that these conferences were very successful. Teachers and other Head Start staff members, including aides, directors, parents, and support staff, have indicated that they have benefited greatly from the training. Ninety-five percent of the trainees who completed evaluation forms gave the RAPs the top two ratings on the scale used to evaluate training. Further, from the sample of 400 programs, Head Start programs indicated that training was the most valuable service provided by RAPs.

Participants indicated they learned new skills for working with handicapped children and learned to work more comfortably with handicapped children. They anticipated they would do four or five things differently as a result of training (e.g., closer observation of handicapped children, use new methods to work with handicapped children in the classroom, etc.).

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* For the information of those working in programs for handicapped children, the series of eight program manuals detailing the procedures and techniques for mainstreaming handicapped preschoolers into Head Start classrooms is for sale by the Government Printing Office. Requests should be addressed to: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders must be accompanied by a check or money order made payable to the Superintendent of Documents. The orders must also include titles and GPO stock numbers. The documents that are available are Mainstreaming Preschoolers: Children With Mental Retardation (GPO Stock No. 017-092-00029-4), $6.50; Mainstreaming Preschoolers: Children With Visual Handicaps (GPO Stock No. 017-092-00030-8), $6.00; Mainstreaming Preschoolers: Children With Health Impairments (GPO Stock No. 017-092-00031-6), $6.50; Mainstreaming Preschoolers: Children With Hearing Impairments (GPO Stock No. 017-092-00032-4), $6.50; Mainstreaming Preschoolers: Children With Speech and Language Impairments (GPO Stock No. 017-092-00033-2), $6.50; Mainstreaming Preschoolers: Children With Orthopedic Handicaps (GPO Stock No. 017-092-00034-1), $6.50; Mainstreaming Preschoolers: Children With Learning Disabilities (GPO Stock No. 017-092-00035-9), $6.50; Mainstreaming Preschoolers: Children With Emotional Disturbances (GPO Stock No. 017-092-00036-7), $6.50.

Follow-up evaluations conducted three to six months after the training took place, indicated that trainees had adopted an average of between four and five new practices as a result of the training conferences. Seventy-nine percent of the changes originally expected by the trainees did occur, along with additional changes not originally anticipated.

The RAP training and the Mainstreaming Preschoolers manuals have been widely acclaimed not only throughout the Head Start community, but have also achieved recognition far beyond the Head Start programs for which they were primarily intended. The manuals have been sent to other Federal agencies, national professional associations, volunteer organizations that provide services to handicapped children, and State educational agencies. The series has been shared with foreign governments as well. (At the 1980 UNICEF Executive Board Meeting, forty-two countries requested and were sent sets of the Mainstreaming Preschoolers manuals.)

Other major foci of the 15 RAPs include promoting collaboration between Head Start and other programs and agencies serving handicapped children, and facilitating the inclusion of Head Start in the State plans for serving handicapped children, required under P.L. 94-142. An interagency agreement between ACYF and the Office of Special Education in the Department of Education commenced in 1977 designating the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development of the State plans for preschool handicapped children which are required under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 31 States or their territorial counterparts. Six new written agreements were signed during the 1981-1982 program year, four of which were between ACYF and SEAs and two were between the Head Start grantees and SEAs.

Some key points from four of these written agreements are provided as examples. In New York, Head Start programs will work with local education agencies (LEAs) to develop a system for sharing information through joint training efforts, sharing materials and other relevant data, etc. In Connecticut, use of Head Start programs for placements in mainstream settings are encouraged, and areas for collaboration suggested. Three pilot projects will be selected in Connecticut to demonstrate collaborative strategies for replication Statewide. In Delaware, Head Start programs will be included in the Statewide "Child Count;" Head Start is an appropriate placement and joint placement may be appropriate. In Kansas, preschool screening and referral procedures will be coordinated; Head Start and the SEA will cooperate to develop a long-range plan for comprehensive services to preschool handicapped children and families. In addition, 97 percent of the Head Start programs report written or informal agreements with LEAs and other agencies regarding services for handicapped children.

The list of fifteen RAPs in the network is provided in Table B.

TABLE B

DHHS Region	States Served	Resource Access Project (RAP)
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. Newton, Massachusetts 02160
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	Georgetown University Child Development Center Washington, DC 20007
IV	Florida Georgia North Carolina South Carolina	Chapel Hill Training-Outreach Project Lincoln Center Chapel Hill, North Carolina 27514
	Mississippi	Friends of Children Head Start Jackson, Mississippi 39213
	Alabama Kentucky Tennessee	The Urban Observatory of Metropolitan Nashville Nashville, Tennessee 37203
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe School Champaign, Illinois 61820
	Michigan Minnesota Wisconsin	Portage Project Portage, Wisconsin 53901

DHHS Region	States Served	Resource Access Project (RAP)
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Projects Division Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit Kansas City, Kansas 66103
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	Denver Research Institute/SSRE University of Denver Denver, Colorado 80208
IX	Arizona California Nevada	Child, Youth and Family Services Los Angeles, California 90026
	Pacific Trust Territories and Hawaii	University of Hawaii Honolulu, Hawaii 96822
X	Idaho Oregon Washington	Portland State University Division of Continuing Education Portland, Oregon 97201
	Alaska	Alaska Special Services Anchorage, Alaska 99501

D. Coordination With Other Agencies

Current Local Efforts - Head Start programs reported working with other agencies in several ways. Of the 49,991 handicapped children enrolled in the programs, 14,032 (28.1 percent) had been referred to Head Start by other agencies or individuals, including welfare departments, public school systems, Easter Seal Societies, and Crippled Children Associations; of those referred, 9,040 (64 percent) were professionally diagnosed as handicapped prior to enrollment in Head Start.

Nearly 67 percent of the handicapped children in Head Start received special education or related services from other agencies. These services included speech therapy, language stimulation, physical therapy, and other therapy related to the child's specific handicapping condition, special health services, special equipment for the child, and family counseling. Fifty-five percent of the programs utilized 5,494 additional staff from outside agencies to provide special assistance for handicapped children. Ninety-seven percent of the programs reported having written or informal agreements with LEAs or other agencies regarding services for handicapped children.

A total of 500 Head Start programs (28.3 percent) had a written agreement with LEAs regarding services to be provided to handicapped children during Head Start, and another 1,041 (58.9 percent) had an informal agreement with LEAs regarding such services. Additionally, 329 Head Start programs (18.6 percent) had a written agreement, and 1,148 (65 percent) had an informal agreement with LEAs regarding the placement of, or services to be provided to, handicapped children upon entry to kindergarten or first grade.

A total of 836 (47.3 percent) of the Head Start programs had written agreements with agencies other than LEAs regarding services to be provided to handicapped children in Head Start, a total of 1,160 (65.6 percent) of the programs reported informal agreements with other agencies to provide services to handicapped children in Head Start.

CHAPTER 4

A Ten Year Profile

A. Introduction

In 1972, the Congress mandated in P.L. 92-424 that Head Start make available at least 10 percent of its enrollment opportunities nationally to handicapped children and provide services to meet their special needs. The legislative mandate further specified that "within six months after the date of enactment of this Act, and at least annually thereafter, the Secretary shall report to the Congress on the status of handicapped children in Headstart programs, including the number of children being served, their handicapping conditions, and the services being provided such children." All subsequent Head Start legislation has continued this requirement, and in 1974, the legislation (P.L. 93-644) required that beginning with Fiscal Year 1976, at least 10 percent of the enrollment opportunities in Head Start programs in each State were to be available for handicapped children.

Over the ten years that data has been collected for an annual report to Congress, changes have taken place in the status of handicapped children and the services provided to them. Trends in major variables which reflect status and services during the past ten years are discussed in this chapter.

Generally, the definition and methodology of measurement for the major variables have remained consistent over the ten years. One primary difference has been the time period for data collection. In the early years of the survey (1972-1973, 1973-1974, and 1974-1975), data were collected in the fall of the full year programs. For 1975-1976 and the years following, data were collected in the spring, generally in March, with the exception of 1977-1978 when data were collected in April/May, and 1981-1982 when they were collected in June. This difference in the time period of data collection may affect the data. Most notably, the number of handicapped children enrolled may well be lower if counted in the fall of the year since fewer professional diagnoses are complete at that point than later in the year. During the early years of the survey, a count was provided by programs of the number of children whose diagnosis was partially completed and were believed to be handicapped, in an effort to estimate uncounted handicapped children. A review of the data do not show substantially lower rates of handicapped children in the early years of the survey compared to later years. Therefore, any generalized effect of data collection time periods on the data is not conclusive. Other methodological or definitional differences relating to specific variables are noted in the discussions on those variables.

In the first year of the survey, a sample of 1,000 grantees and delegate agencies were mailed questionnaires. Seven hundred twelve questionnaires were returned, for a response rate of 71 percent. In the years which followed, all grantees and delegate agencies were surveyed. During the first two years of the mailout census of full year Head Start grantees and delegate agencies, the response rate was 79 percent (1,327 responses) and 73 percent (1,287 responses) in 1973-1974 and 1974-1975, respectively. In 1975-1976, the response rate was 87 percent and has increased each subsequent year for a 100 percent response rate for the last two years.

B. Status of Handicapped Children

Figure 3 provides enrollment data on the number and percent of handicapped children. In the first year of the survey, only an estimate was made of the number of handicapped children enrolled in full year programs. It was projected that approximately 15,000 handicapped children were enrolled. In 1973-1974, it was reported that 22,807 handicapped children were enrolled, just over 10 percent of the total Head Start enrollment. In 1974-1975, both the number of handicapped children (22,244) and the percent (9.2 percent) decreased slightly. Additional data were gathered in February of the 1974-1975 program year on additional children which had been professionally diagnosed as handicapped. Tabulation of these data raised the handicapped children's enrollment to 24,166 and 10.4 percent.

In the years to follow, total number of Head Start enrollees and handicapped enrollees climbed steadily. By the end of the ten year span, the number of handicapped children had more than doubled and the total full year Head Start enrollment had almost doubled. The percentage of handicapped children generally fluctuated between 10 and 13 percent, falling below 10 percent in 1974-1975 only.

States falling below the 10 percent actual enrollment level were identified and listed each year of the survey (Figure 4). In the first two years, a long list of States (20 and 23) fell short of the 10 percent level. In 1975-1976, when the legislative mandate first required 10 percent enrollment opportunities by State, the number fell sharply to only five States, and has been three or fewer until 1981-1982 when it rose to four States. It should be noted that the Head Start Act requires that 10 percent of the total number of enrollment opportunities must be made available for handicapped children, but it does not require an actual enrollment of 10 percent handicapped children.

With regard to the other geographic entities, the District of Columbia and the Trust Territories of the Pacific Islands achieved the 10 percent level and above for the first time in 1981-1982. The Indian and Migrant Programs have been above the 10 percent level for the last two years. Prior to 1981-1982, Puerto Rico was above the 10 percent level for six consecutive years, and Guam was above the 10 percent level (except for two years in 1974-1975 and 1978-1979). Only the Virgin Islands and American Samoa (for the two years of reported data available in 1979-1980 and 1981-1982) have failed to achieve the 10 percent level for any year.

Starting at approximately 75 percent the first year, the percent of programs enrolling at least one handicapped child rose to just under 90 percent during the next two years. From 1975-1976 to 1981-1982, the level ranged between 95 percent and 98 percent. The percent of programs with at least 10 percent handicapped enrollment has remained relatively constant, ranging between 66 percent the first year that these data were reported (1975-1976), to 76 percent in 1977-1978.

Other data have been reported on the special outreach and recruitment efforts made by programs to enroll handicapped children. Since 1975-1976, the proportion of programs making these efforts has been above 90 percent. The number of handicapped children which programs have reported they were unable to enroll has risen gradually over the years from 1,942 in 1975-1976 to 3,150 in 1981-1982. However, as a percent of total handicapped children served, it has remained relatively constant at approximately 6 percent. As well, the proportion of programs indicating that they were unable to enroll one or more handicapped children remained constant at about 33 percent until 1981-1982 when it jumped to 51 percent.

FIGURE 3

Number and Percent Handicapped Children
By Program Year

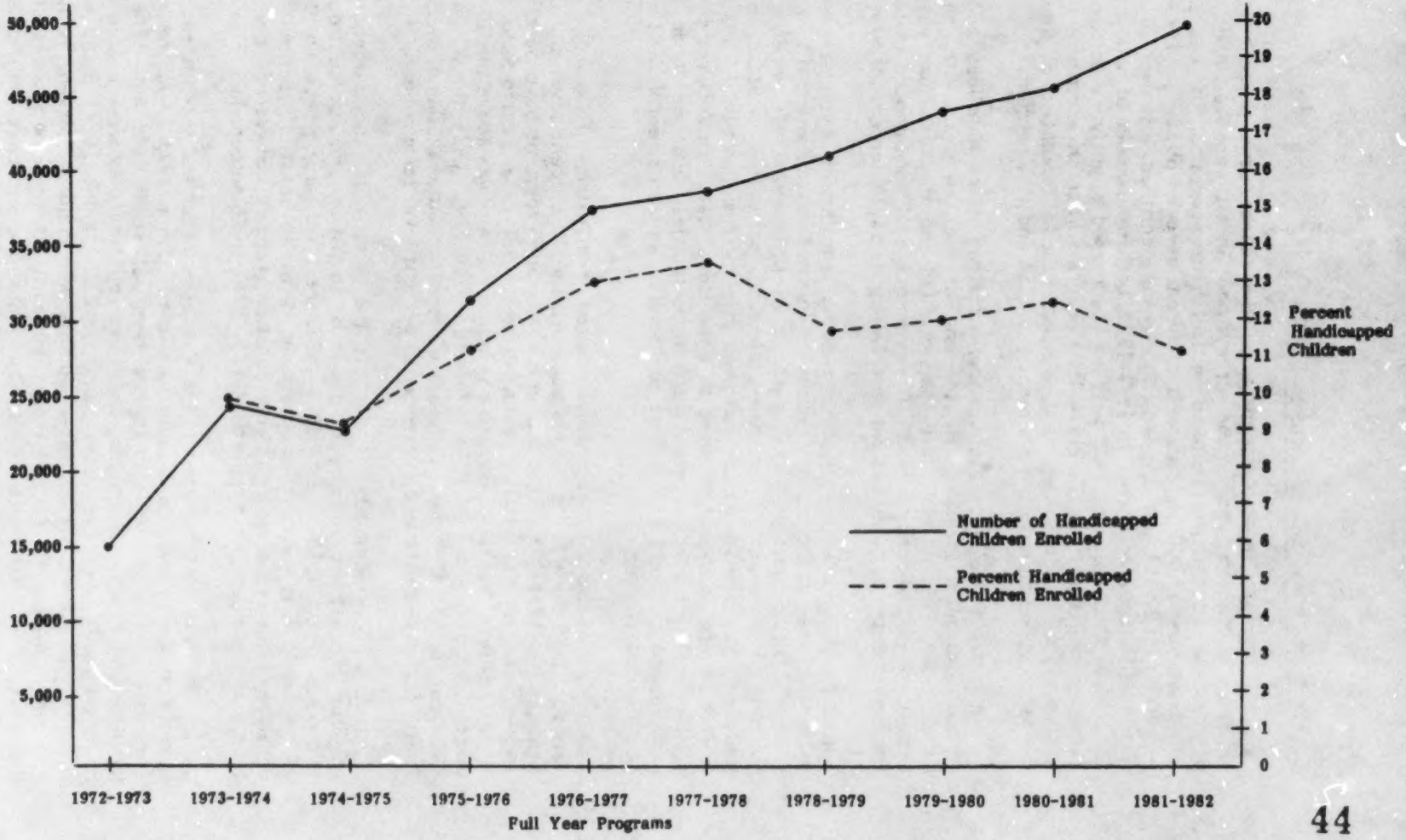


FIGURE 4

States Falling Below the Ten Percent
Handicapped Enrollment Level*

Before Mandate by State

1973 - 1974	1974 - 1975
Alabama	Alaska
Alaska	Arizona
Arizona	California
California	Connecticut
Connecticut	Florida
Delaware	Georgia
Florida	Idaho
Georgia	Illinois
Hawaii	Kansas
Illinois	Massachusetts
Maryland	Mississippi
Massachusetts	Nebraska
New Mexico	Nevada
New York	New Hampshire
North Carolina	New Mexico
Pennsylvania	North Carolina
South Carolina	Ohio
Texas	Oklahoma
Vermont	Oregon
Virginia	Pennsylvania
	Rhode Island
	South Carolina
	Texas

After Mandate by State

1975 - 1976	1976 - 1977	1977 - 1978	1978 - 1979	1979 - 1980	1980 - 1981	1981 - 1982
Arizona	California	Hawaii	California	California	Alaska	California
California			Hawaii	Connecticut	Connecticut	Hawaii
Connecticut			Texas	North Carolina		New Jersey
Georgia						Texas
Illinois						

* This figure is based on actual enrollment. The statute requires that 10 percent of the total number of enrollment opportunities must be available for handicapped children but it does not require an actual enrollment of 10 percent handicapped children.

Data on the number of handicapped children participating in home-based programs was first reported in 1977-1978. The number of these children has increased steadily from 2,180 to 3,066 in 1981-1982. However, these children as a percent of all handicapped children served has remained relatively constant, ranging from 5.6 to 6.1 percent. The percentage of these children who attended a group experience at least once a week declined from 59 percent in 1977-1978 to 47 percent in 1979-1980. Since 1980-1981, the survey has specified those attending a group experience at least once a month. About 95 percent and 87 percent in 1980-1981 and 1981-1982, respectively, were so reported. During the four years for which data were reported (1978-1981), the percent of handicapped children enrolled in a center-based option during that year who had been in a home-based option the previous year ranged from 1.4 percent to 1.8 percent of all handicapped children. Taking the number of children so reported in 1980-1981, this would indicate that 28.7 percent of the handicapped children served in a home-based option in 1979-1980 were enrolled in a center-based program the following year. This is an indication that the home-based option is being utilized appropriately as a transition and supplement to the center-based mainstream situation, rather than as a substitute for it.

The relative percentage of handicapped children by primary handicapping condition has remained constant through the ten years (Figure 5). Only four categories existed in 1972-1973. These were speech impairment, mental retardation, serious emotional disturbance, and other. The other category included hard of hearing, deaf, visually handicapped, blind, learning disabled, physically handicapped, and other health impaired. The following year, the current categories of handicapped conditions were used for reporting, with the exception of specific learning disability, which was not introduced until 1975-1976.

Speech impaired children have comprised the largest percentage of handicapped children since the first year, and their proportion has nearly doubled over the ten year period from 31 percent to 60 percent. The percentage of speech impaired children in the public preschool population has been consistently higher than Head Start. The handicapped children who were health impaired has been the second largest category consistently. However, the percentage has declined overall from 20 percent to 11 percent. A drop was observed in 1977-1978 when malnutrition was removed as a specific condition under health impairment.

The proportion of children in each of the other handicapping conditions has declined slightly. By analyzing the population of children in each condition over the ten year period, it is evident that they can be clustered into three groups. The first group contains handicapping conditions that ranged between 4 to 12 percent of all handicapped children over the years of the survey. These are specific learning disability, mental retardation, physical handicap, and serious emotional disturbance. The second group, ranging from 2 to 6 percent, is comprised of hearing impaired and visual impairment. The third group, ranging from 0.3 to 1 percent, contains deafness and blindness.

The number of children with multiple handicapping conditions rose until 1978-1979 and then fell in 1979-1980. Similarly, the percent of handicapped children who are multiply handicapped rose through 1976-1977 and then declined steadily, with deep drops over the last two years (Figure 6).

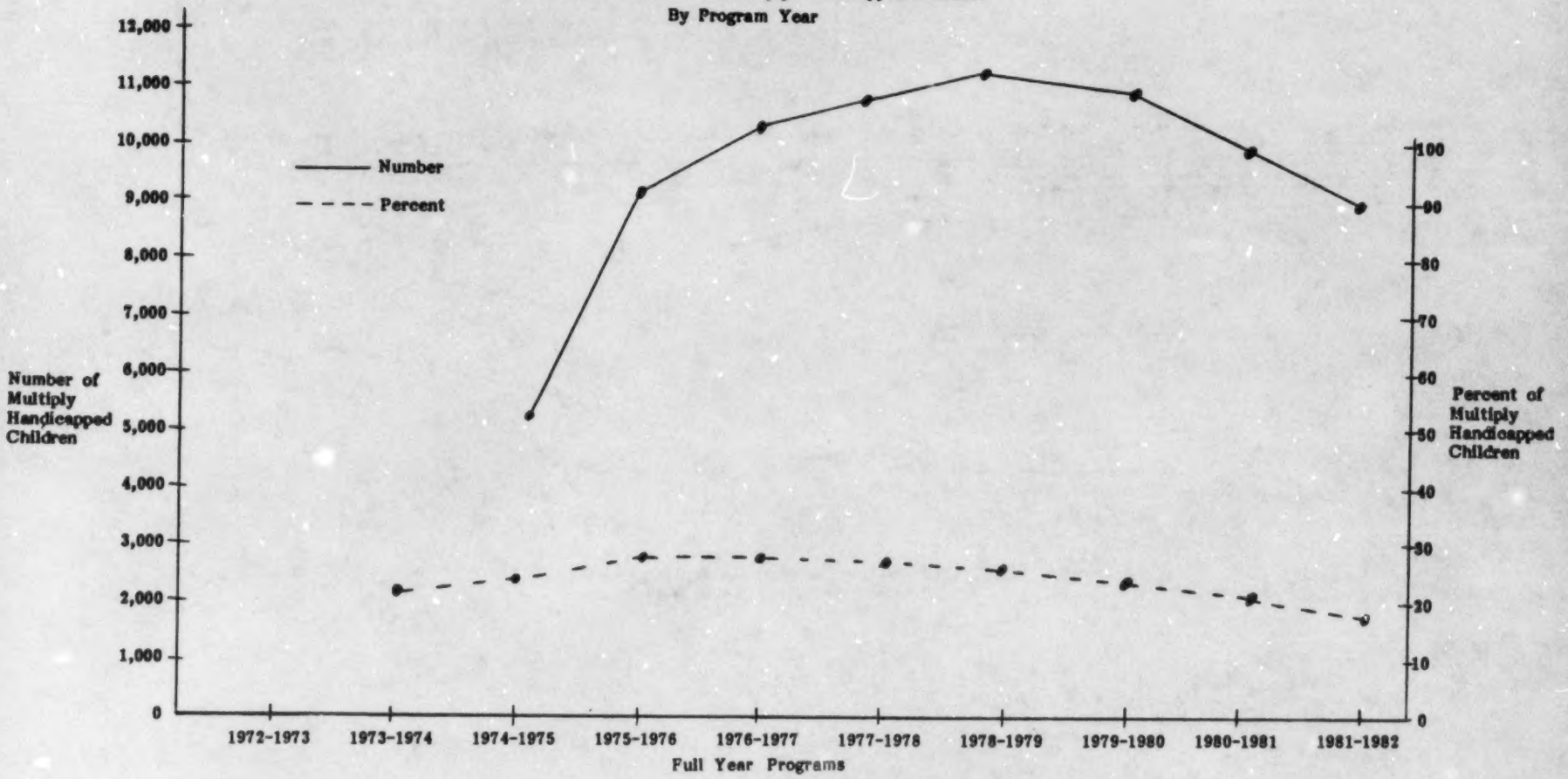
FIGURE 5

Percent of Handicapped Children
By Handicapping Condition By Program Year

1 Speech Impairment
2 Health Impairment
3 Range for Specific Learning Disabilities, Mental Retardation, Physical Handicap, Serious Emotional Disturbance, Hearing Impairment, Visual Impairment
4 Range for Deafness, Blindness

FIGURE 6

Number and Percent of Multiply Handicapped Children
By Program Year



C. Services to Handicapped Children

Figure 7 shows that the number of handicapped children receiving special education or related services from Head Start staff has increased five-fold from 9,500 to 47,000 over eight years. The number of handicapped children receiving these services from other agencies has tripled from 10,000 to 33,000 in the same time period. The proportion of handicapped children receiving these services from Head Start staff increased from 43 percent to 94 percent. Percent of handicapped children receiving these services from other agencies has also increased, but more gradually from 49 percent to 67 percent. About 44 percent of handicapped children received education or related services from both Head Start staff and other agencies in 1979-1980 and 1980-1981, with a rise to 63 percent in 1981-1982. The proportion of handicapped children receiving no special education or related services has steadily decreased since first reported in 1979-1980, from 6.7 percent to 1.5 percent in 1981-1982 programs. Figure 8 shows that the number of parents of handicapped children receiving services increased from 9,000 to 36,000 over a nine year period, but showed a decrease for the first time in 1981-1982.

Other data were reported on the percent of Head Start classes and centers in which handicapped children were enrolled. Both measures showed a gradual increase from the first year reported in 1973-1974 to 1981-1982. During this period, the percent of classes ranged from the low to mid 80's, and the percent of centers from the high 80's to low 90's.

Head Start programs coordinated activities with other agencies to provide services to handicapped children. The percent of handicapped children served in Head Start who were referred by other agencies or individuals started at about 13 percent in 1974-1975, rose to 28 percent in 1976-1977, and has remained at that general level. Figure 9 shows the number of additional staff provided by other agencies and additional volunteers used for the primary or exclusive purpose of providing special assistance to handicapped children. The number of additional staff from other agencies has generally risen from just over 1,800 in 1974-1975 to almost 3,000 in 1980-1981. A large jump to nearly 5,500 was seen in 1981-1982. The number of additional volunteers has risen from just under 3,000 to over 7,000 during the same time period, with a slight drop in 1978-1979.

The percent of programs using other agencies for additional staff to serve handicapped children remained at about 40-45 percent until 1981-1982 when it climbed to 55 percent. The percent of programs utilizing volunteers in this way started at 30 percent in 1974-1975, rose to almost 50 percent in 1976-1977, and slowly declined to 40 percent in 1981-1982.

As noted earlier in the report, Head Start's commitment to individualization for all children, including those with handicaps, has facilitated a national thrust of mainstreaming handicapped children in a setting with nonhandicapped youngsters. In support of the mainstreaming movement, ACYF has funded a national network of fifteen Resource Access Projects (RAPs) to provide training and technical assistance regarding handicapped services to Head Start grantees. RAPs also have the responsibility for providing training designed to introduce the eight resource manuals

Figure 7

Number of Handicapped Children Receiving Special Education or Related Services By Program Year

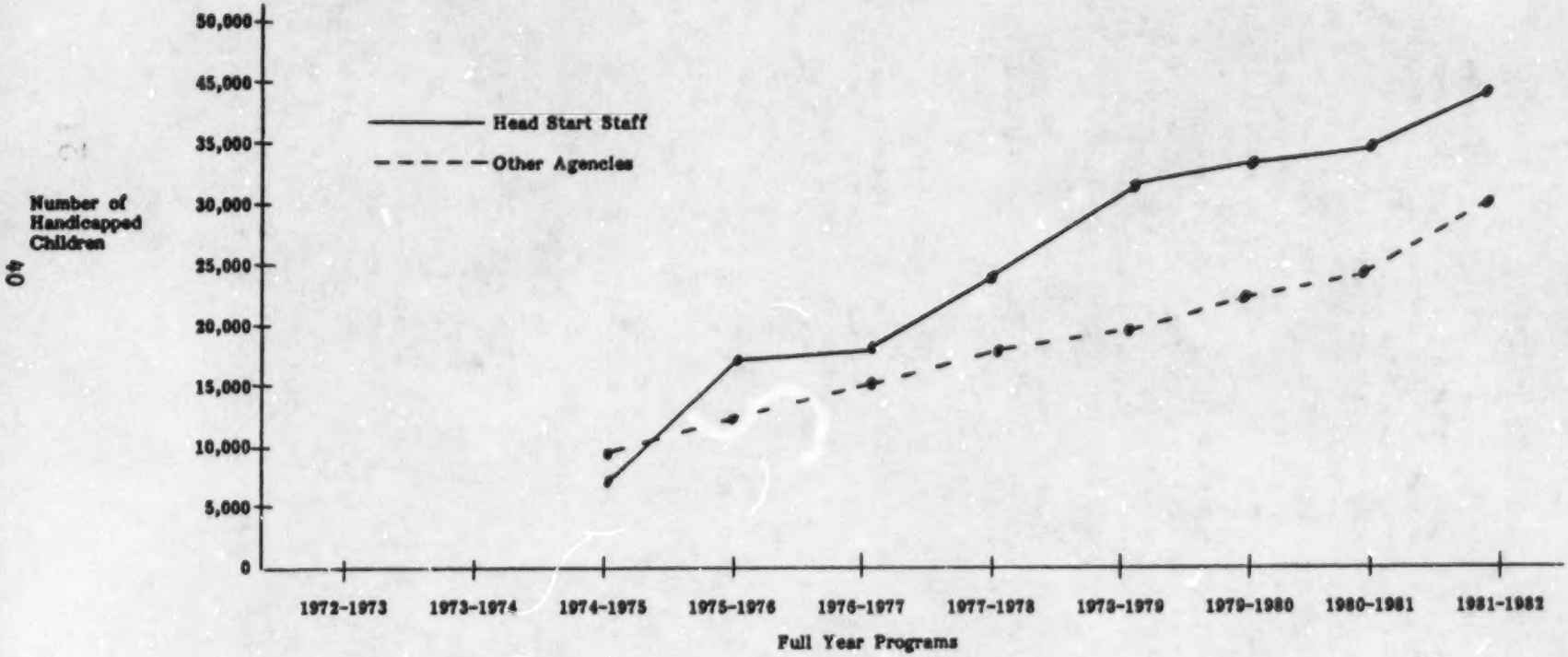


FIGURE 8

Number of Parents of Handicapped Children
Receiving Services From Head Start By Program Year

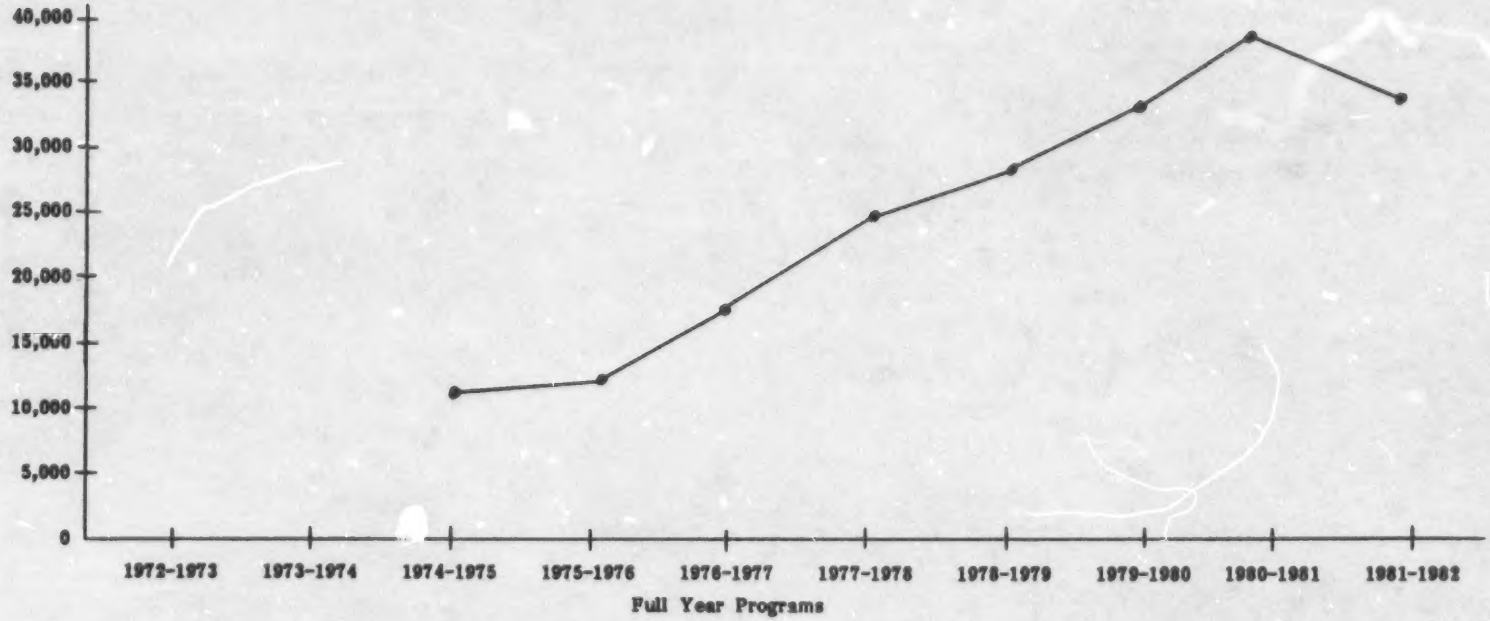
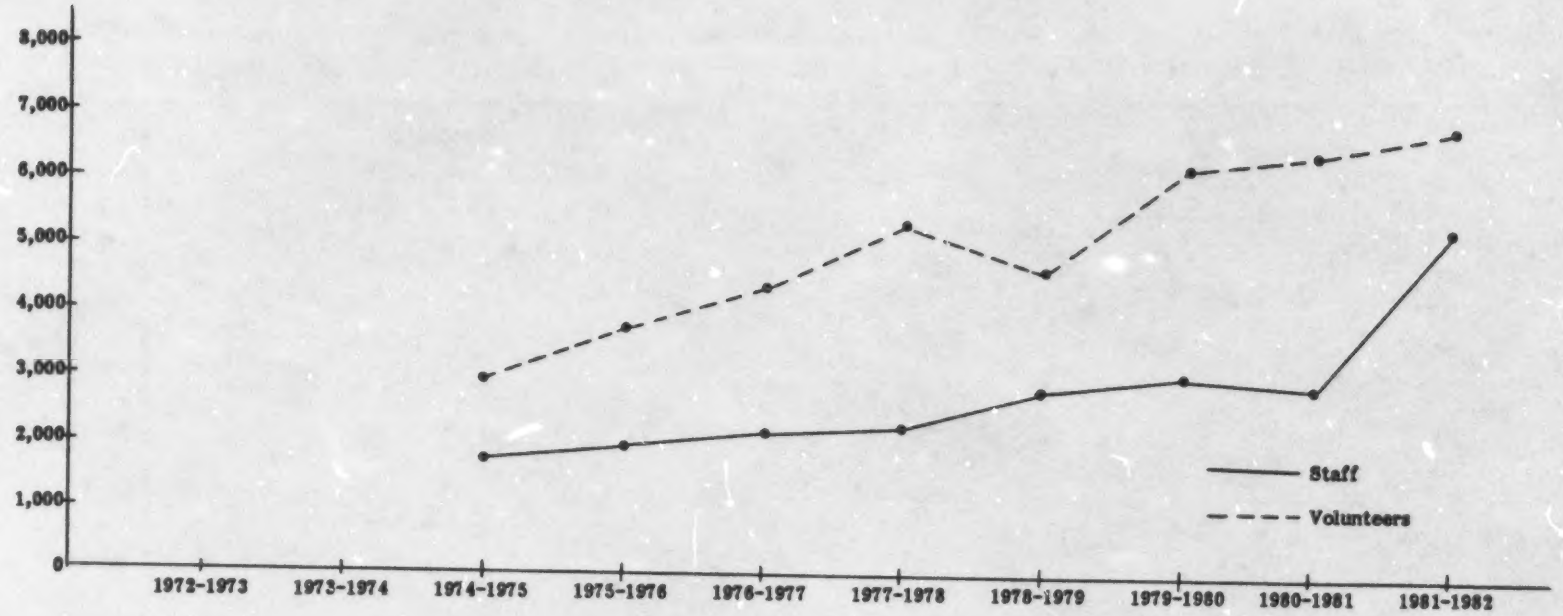


FIGURE 9

Number of Additional Staff Provided by Other Agencies and
Number of Additional Volunteers Used to Serve Handicapped Children



in the series Mainstreaming Preschoolers, which focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents working with handicapped children. Over a four year period of conducting mainstreaming training (1978-1979 to 1981-1982), a total of 47,113 persons have been trained at mainstreaming conferences or their equivalent.

By 1981-1982, formal collaborative agreements describing how Head Start and State Education Agencies will coordinate services to preschool handicapped children were in place in 31 States or their territorial counterparts reflecting a substantial increase over the 5 agreements in place in 1978-1979.

Finally, the percent of programs which reported a formal written agreement with the local education agency (LEA) regarding the placement of and services to be provided to handicapped children upon entry into kindergarten or first grade has remained about 19 percent since the data were first reported in 1979-1980. However, in 1981-1982, 28.3 percent had a written agreement with the LEA regarding services to be provided to handicapped children during Head Start, and 97 percent of the programs reported having written or informal agreements with LEAs or other agencies regarding services for handicapped children.

In summary, according to the survey data, the ten year period 1972-1973 through 1981-1982 shows a steady to dramatic growth in the number of handicapped children served by Head Start programs and in the services provided to them. Only those variables which represent severity of handicapping condition show some decline.

In 1976, ACYF launched a two-year study to evaluate the process of mainstreaming handicapped children into Head Start. This study, conducted under contract with Applied Management Sciences, Inc., was begun in July 1976 and concluded in December 1978. Divided into two phases, each requiring one year to complete, Phase I provided detailed information concerning the services afforded handicapped children in Head Start and Phase II assessed the impact of these services on Head Start children. The highlights of the findings from the study were reported in the sixth Annual Report to the Congress. As stated in the Summary and Conclusions section of the Phase II Executive Summary:

> Overall, the Phase II effort to evaluate the impact of Head Start services to the handicapped revealed that in general Head Start services compare favorably to those of non-Head Start programs. This is so despite the fact that there were several program procedural areas in which non-Head Start programs appear to have decided advantages (smaller class sizes, staffs with greater levels of formal education, larger per pupil expenditures, greater emphasis on individualized planning).* In fact, the consistency with which Head Start children showed developmental gains beyond those for children in non-Head Start

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* See Walters, et al., Evaluation of the Process of Mainstreaming Handicapped Children into Project Head Start: Phase II Final Report, prepared pursuant to Contract No. DHEW 105-76-1113, Applied Management Sciences, Inc., 1978.

programs suggests that Head start may be a very effective placement for preschool handicapped children, at least for the period investigated by this study. Further, considering the patterns noted between Head Start and non-Head Start programs vis-a-vis child interaction composite variables and the relationship of these interaction variables to developmental outcomes suggests that one reason for the consistent differences between programs may be Head Start's emphasis on mainstreaming.

Other studies have been initiated subsequently, including an indepth study on the speech impaired population. Results from this study should be available over the next year.

Over the decade, Head Start has and continues to make a notable contribution in serving handicapped children. This is indicated in a statement on Head Start services to the handicapped submitted by Talbot Black, President, Division for Early Childhood, Council for Exceptional Children:

> The dramatic impact of the Head Start commitment to children with special developmental problems is immeasurable. Head Start's significant focus on interagency collaboration has generated new service and communication networks which have benefitted exceptional children of all ages.
>
> The national network of Head Start's Resource Access Projects (RAPs) has identified and mobilized a broad cross-section of American human service systems in support of early intervention for the handicapped. Through the RAPs' effective system of nationally-known exemplary projects, Head Start personnel have received outstanding training and technical assistance in providing optimal services to developmentally-disabled children and their families.
>
> Until the early seventies, early childhood services for the handicapped were virtually non-existent. This absence of even minimal resources reinforced massive institutionalization of disabled babies and toddlers. Head Start's focus on developmental assessment, effective curricula, and comprehensive family involvement has offered unique opportunities for intervention at the most significant period of life--the early years.
>
> Head Start has pioneered the crusade for placement of handicapped children in the least restrictive environment. The accomplishments of this innovative program have stimulated effective follow-through in the public schools of this nation. New advocates for the handicapped have emerged as American communities have observed Head Start's impact on special children and their families.

APPENDIX A

Survey Results of Handicapped Children in Head Start by State* (or Geographical Entity)

Full Year 1981-1982

State (or Geographical Entity)	Number of Grantees And Delegate Agencies Responding	Total Number Of Children Enrolled **	Number of Children Professionally Diagnosed As Handicapped Through End of Operating Year ***	Percent of Enrollment Professionally Diagnosed As Handicapped Through End of Operating Year
Alabama	38	10,886	1,131	10.39
Alaska	3	749	84	11.21
Arizona	17	3,448	359	10.41
Arkansas	19	6,499	752	11.57
California	132	40,800	3,472	8.51
Colorado	25	5,593	665	11.89
Connecticut	24	4,420	452	10.23
Delaware	5	884	103	11.65
District of Columbia	6	2,333	241	10.33
Florida	32	12,094	1,291	10.67
Georgia	38	10,121	1,129	11.16
Hawaii	4	1,189	106	8.92
Idaho	9	1,151	267	23.20
Illinois	68	23,508	2,438	10.37
Indiana	35	6,340	955	15.06
Iowa	23	3,354	488	14.55

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment, including dropouts and late enrollees as obtained from item 16B1e of the Project Head Start 1981-1982 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1982 or the end of the operating year rather than by the end of March as in the prior year.

APPENDIX A (Continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1981-1982

State (or Geographical Entity)	Number of Grantees And Delegate Agencies Responding	Total Number Of Children Enrolled **	Number of Children Professionally Diagnosed As Handicapped Through End of Operating Year ***	Percent of Enrollment Professionally Diagnosed As Handicapped Through End of Operating Year
Kansas	21	2,917	395	13.54
Kentucky	45	10,298	1,121	10.89
Louisiana	36	9,381	1,130	12.05
Maine	13	1,784	299	16.76
Maryland	27	6,554	695	10.60
Massachusetts	29	8,376	1,040	12.42
Michigan	92	20,658	2,073	10.03
Minnesota	26	4,757	559	11.75
Mississippi	23	27,821	2,923	10.51
Missouri	22	9,116	1,255	13.77
Montana	9	1,136	147	12.94
Nebraska	13	1,794	317	17.67
Nevada	4	476	86	18.07
New Hampshire	6	747	108	14.46

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APPENDIX A (Continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1981-1982

State (or Geographical Entity)	Number of Grantees And Delegate Agencies Responding	Total Number Of Children Enrolled **	Number of Children Professionally Diagnosed As Handicapped Through End of Operating Year ***	Percent of Enrollment Professionally Diagnosed As Handicapped Through End of Operating Year
New Jersey	32	9,396	804	8.56
New Mexico	22	3,910	462	11.82
New York	152	21,403	2,204	10.30
North Carolina	42	10,713	1,285	11.99
North Dakota	5	542	94	17.34
Ohio	77	21,854	2,685	12.29
Oklahoma	26	7,997	1,109	13.87
Oregon	18	2,968	478	16.11
Pennsylvania	63	16,494	2,505	15.19
Rhode Island	8	1,441	169	11.73
South Carolina	19	6,136	668	10.89
South Dakota	7	947	148	15.63
Tennessee	24	8,926	1,266	14.18
Texas	94	21,968	2,043	9.30
Utah	10	1,776	186	10.47

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APPENDIX A (Continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1981-1982

State (or Geographical Entity)	Number of Grantees And Delegate Agencies Responding	Total Number Of Children Enrolled **	Number of Children Professionally Diagnosed As Handicapped Through End of Operating Year ***	Percent of Enrollment Professionally Diagnosed As Handicapped Through End of Operating Year
Vermont	6	775	113	14.58
Virginia	30	4,766	687	14.41
Washington	26	3,964	604	15.24
West Virginia	24	3,979	648	16.29
Wisconsin	35	6,133	796	12.98
Wyoming	5	607	86	14.17
American Samoa	1	1,848	22	1.19
Guam	1	351	28	7.98
Puerto Rico	28	14,856	1,370	9.22
Trust Territories of The Pacific Islands ****	6	1,853	252	13.60
Virgin Islands	1	1,023	44	4.30
State Subtotal	1,606	415,810	46,837	11.26
Indian Programs	93	13,795	1,520	11.02
Migrant Programs	68	15,942	1,634	10.25
Total	1,767	445,547	49,991	11.22

* State data exclude Migrant and Indian Programs.

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**** Include Head Start programs in the Commonwealth of Northern Mariana Islands, Marshall Islands, Palau, Ponape, Truk, and Yap.